



## 2008 Repatriation Program Training Registration Form May 15 & 16, 2008

The goal of this training is to provide you with information about the U.S. Repatriation Program and to help you better understand the State's responsibilities under the State Repatriation Agreement and Emergency Repatriation Plan. We urge you to submit this registration form by May 12, 2008, and to look at the Informational Sheet for guidance on how to join this training.

### I. Personal Information:

First Name:

MI:

Last Name:

Title:

Department/Agency:

State:

Agency Address:

Telephone:

Fax:

Email:

### II. How will you be joining the Repatriation training?

Please look at the training information sheet for guidance on how to join the training using the method selected.

☐

Video Conference

☐

Teleconference

☐

Web Cast

☐

Will go to the Regional Office

### III. Check the box that best describes your participation in this training:

☐

State Non-Emergency Repatriation

☐

ACF staff

☐

State Emergency Repatriation

☐

Other (please specify)

### REGISTRATION FORM SHOULD BE SENT TO:

Joyce Taylor, Program Analyst, at [joyce.taylor@acf.hhs.gov](mailto:joyce.taylor@acf.hhs.gov) or Fax 202-401-6533.

For questions regarding this Training, please contact: Joyce Taylor at 202-4793 or email: [jtaylor@acf.hhs.gov](mailto:jtaylor@acf.hhs.gov), and Chhiv Heng at 202-401-5408 or email: [chhiv.cheng@acf.hhs.gov](mailto:chhiv.cheng@acf.hhs.gov).

For technical questions or problems please contact: Dorothy Kinder, ACF Video/Audio Conferencing Coordinator, E-mail: [Dorothy.Kinder@acf.hhs.gov](mailto:Dorothy.Kinder@acf.hhs.gov), Phone: 214 767-8717, Fax: 214 767-3743, Cell: 469 222-8901.